

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No. 6104.03.01 (1700/30)
 Application Number 09/092,296
 Filing Date JUNE 5, 1998
 First Named Inventor P.A. BILLING-MEDEL, et al.
 Group Art Unit 1642
 Examiner G. NICKOL

RECEIVED

JUL 10 2001

TECH CENTER 600/2900

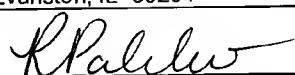
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment and Response	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment After	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> Petition and Fee for Three Month Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art,	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-0025 (Abbott Laboratories). A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE


				Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$40=	0	x \$80=	
First Presentation of Multiple Dep. Claim					+\$135=	---	+\$270=	
					total add'l fee		total add'l fee	
					\$ 0		\$	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	RUTH PE PALILEO Registration No. 44,277 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	JUNE 27, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: JUNE 27, 2001

Signature	 RUTH PE PALILEO, (44,277)	Date: <u>JUNE 27, 2001</u>
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